

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>91509265</u> APPLICANT(S)	FILING DATE
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	3		3				TOTAL IND.	
TOTAL DEP.	10		7				TOTAL DEP.	
TOTAL CLAIMS	13		10				TOTAL CLAIMS	